

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-048223

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6564

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED DEC 19 1963

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kansas City,</u>		c. CITY OR TOWN <u>Mission,</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF DECEASED (In hospital, give location) <u>Benjamin Preston Robertson</u>		d. STREET ADDRESS <u>5206 Riggs Road</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Benjamin</u> Middle <u>Preston</u> Last <u>Robertson</u>		4. DATE OF DEATH Month <u>Dec.</u> Day <u>3</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8/13/1889</u>
9. AGE (last birthday) <u>74</u>		IF UNDER 1 YEAR Months <u>74</u> Days <u>74</u> Hours <u>74</u> Min. <u>74</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired 1927</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>American Express Railways</u>	
11. BIRTHPLACE (City and state or country) <u>Salem, Kansas</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>John Robertson</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Mrs. Lillie Robertson</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes War # 1</u>	
16. SOCIAL SECURITY NO. <u>5206 Riggs Road</u>		17. INFORMANT <u>Mrs. Lillie Robertson - Mission, Kas.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u> DUE TO (b) <u>Arterial Hypertension</u> DUE TO (c) <u>Arterial Hypertension</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			INTERVAL BETWEEN ONSET AND DEATH <u>20 hours</u> <u>?</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>4:20</u> a.m. <u>A.</u> Month, Day, Year <u>12/2/63</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Maple Hill Cemetery</u>		20f. CITY, TOWN, OR LOCATION <u>Kansas City, Kansas.</u>	
21. I attended the deceased from <u>4:20</u> to <u>12/3/63</u> and last saw him alive on <u>12/3/63</u> Death occurred at <u>4:20</u> A. M. on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED <u>12/4/63</u>	
22a. SIGNATURE <u>J. Young M.D.</u>		22b. ADDRESS <u>211 Blvd K.C. 10.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12-5-63</u>	23c. NAME OF CEMETERY OR CREMATOR <u>Maple Hill Cemetery</u>	
24. FUNERAL DIRECTOR <u>D.W. Newcomer's Sons, Kansas.</u>		25. DATE RECD. BY LOCAL REG. <u>12-4-63</u>	
26. REGISTRAR'S SIGNATURE <u>Bessie Smith</u>		27. ADDRESS <u>5206 Riggs Road</u>	

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF  
MEDICAL CERTIFICATION  
Young

Dr. J. W. Young ✓  
1401 Southwest Blvd

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me;

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed Herold E. Echternacht

Licensed Embalmer No. 3035

P. O. Address Overland Park, Kansas

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.